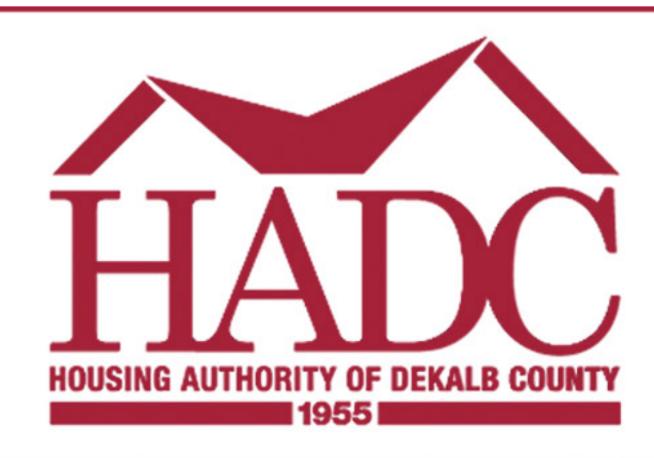
Affordable housing as a platform to enhance lives.



Verification of Employment Income Housing authority of Dekalb County

246 Sycamore Street, Suite 260, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

www.dekalbhousing.org

Date:	
Name:	SSN #:
Address:	Phone Number:
City, State, Zip	
DUDDOCE.	
PURPOSE:	
The Housing Assistance Program is based on income. We are required by Federal law to verify three income of your employee listed above to determine eligibility for the Section 8 Housing Assistance Rental Program.	
I hereby give consent for the employment verification information to of eligibility and level of housing rental assistance on my behalf.	to be released as requested which is necessary for the determination
Client's Signature:	Date:
Please return the completed form to the person requesting this verification within ten (10) days from the date received. Your prompt response is greatly appreciated. (Thank you!)	
Occupation:	Employed Since:
SALARY: Base rate of pay: \$per (please check one) Hourly Weekly Bi-Weekly Monthly	
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Anticipated Salary during next 12 months: \$	
Regular number of Hours per week (if paid by the hour):	Overtime Pay Rate:
Number of hours per week (if paid by the hour):	Overtime Pay Rate:
Number of hours of overtime during the next 12 months:	
Other compensation not included above (specify for commissions, bonuses, tips, etc.) \$	
Per for	
If employed less than one year, list total amount of earned income to	
If no longer with your company, please give Date of Termination:	
	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Print Name of Person supplying information:	
Signature:	Title:
Name of Company/Firm:	
Company Telephone Number:	Company Fax Number:
Today's Date:	